

COMPLETE EXAM CHECKLIST

CH 2 Female Accession Exam

(all ages)

FORM	FORM #	COMMENTS
<input type="checkbox"/> Medical History	DD 2807-1	Service member completes. Examiner reviews, comments on positive responses and signs.
<input type="checkbox"/> Physical Exam	DD 2808	Medical examiner completes.
<input type="checkbox"/> HIV Postcard	DA 5668	Service member self addresses and completes top. Return with exam documentation to FHPO.
<input type="checkbox"/> Functional Capacity	SF 507	Service member completes. Examiner reviews, comments on areas of functional limitation.
<input type="checkbox"/> Feds_Heal Survey		Service member completes, return with exam to FHPO if done.

SERVICE	COMMENTS
<input type="checkbox"/> Height and weight	Without shoes to the nearest inch and pound (block 53&54)
<input type="checkbox"/> Vital Signs	Blood pressure, pulse, temperature. Repeat abnormal BP x3 (blocks 56-58).
<input type="checkbox"/> Audiogram	Note equipment used and last calibration date. Test at 500, 1000, 2000, 3000, 4000, 6000 HZ in both ears and document (block 71a).
<input type="checkbox"/> Vision	With and without correction, near and far. Report Snellen equivalents (20/20) Distant (block 61) near (block 63).
<input type="checkbox"/> Color Vision	Use regular test equipment if included or Ishihara or yarn test (block 66).
<input type="checkbox"/> Physical Exam	All positive answers on history, functional capacity form, and any abnormal findings on exam require documentation. (blocks 73, 77, 78).
<input type="checkbox"/> HIV lab, blood draw	Follow HIV lab instructions for processing and mailing.
<input type="checkbox"/> Urinalysis	Valor lab panel 271
<input type="checkbox"/> Drug and ETOH Test	Urine collection. Valor lab #5341, non COC collection, 45 ml.
<input type="checkbox"/> Pregnancy Test	All females, serums, room temperature. Write Valor #997 on req.

SEND	MAILING INSTRUCTIONS
<input type="checkbox"/> Voucher (if provided)	Sign at "certifying official" return with exam to FHPO.
<input type="checkbox"/> HIV lab work	Package and send to Viromed Lab in courier envelope.
<input type="checkbox"/> Blood and urine	Package and send to Valor Lab in courier envelope.
<input type="checkbox"/> Exam forms	Send originals of DD 2807-1, DD 2808, SF 507, DA 5668, all test documentation, and this checklist to FHPO with in 48 hours.
<input type="checkbox"/> Mail To:	FHPO, 1319 St Andrew Street, La Crosse WI 54603